

Live Entertainment Tax Report

This report, together with your remittance payable to the order of the NEVADA GAMING COMMISSION, is required to be filed MONTHLY, NOT LATER THAN THE 15th DAY OF THE MONTH, covering the preceding calendar month.

For Operations During the Month of: _____

Filing Deadline: _____

Account No., Name, Address, Zip Code

For Office Use Only

Account No.:		Check	
Legal Name:		Number	
Trade Name:		Batch	
Address:		Number	
City, State, Zip:		Entry	
		Date	
Please correct if in error			

THIS REPORT IS REQUIRED FOR THOSE LOCATIONS THAT LICENSE MORE THAN 50 SLOT MACHINES, MORE THAN 5 GAMES OR ANY COMBINATION THEREOF AND OFFER LIVE ENTERTAINMENT IN A FACILITY WITH A MAXIMUM OCCUPANCY OF LESS THAN 7500. FOR ALL OTHER LOCATIONS, THIS REPORT SHOULD ONLY BE COMPLETED IF ENTERTAINMENT IS PROVIDED IN A FACILITY WITH A MAXIMUM OCCUPANCY OF AT LEAST 200 AND AN ADMISSION CHARGE IS COLLECTED.

Line 1. TAXABLE SALES

NOTE: TAXABLE SALES FOR PURPOSE OF LET ARE NET OF SALES AND USE TAXES

\$ _____

Line 2. LIVE ENTERTAINMENT TAX COMPUTATION

[Amount on Line 1 times 10%]

Line 3. PENALTY FOR LATE PAYMENT: NRS 463.270(5)

Enter number of days late: _____

A. Less than 10 days late: 25% of the amount due on Line 2, but not less than \$50.00 and not more than \$1000.00. _____

B. Ten or more days late: 25% of the amount due on Line 2, but not less than \$50.00 and not more than \$5000.00 _____

PENALTY DUE [Line 3A or Line 3B] _____

Line 4. TOTAL AMOUNT DUE: [Line 2 + Line 3]

\$ _____

Line 5. TOTAL REMITTANCE

Check Number: _____

\$ _____

Please return remittance payable to: NEVADA GAMING COMMISSION

Return to the State Gaming Control Board, PO Box 8004, Carson City, NV 89702-8004.

Pursuant to NRS 353.1467, payments made to the State, in the aggregate, that amount to \$10,000.00 or more must be sent electronically.

I, _____ certify and declare under the penalties of perjury that I am the

_____ of the business named above; that this is a true, correct and complete report

(Owner, Partner, President, Treasurer, Other-describe)

to the best of my knowledge, information, and belief; and that this application and report is made with the knowledge and consent of all other individuals licensed.

Dated _____

Signed _____

Person to contact regarding this report:

Name: _____

Phone: _____

RETURN ORIGINAL AND MAKE DUPLICATE FOR YOUR RECORDS